



State of Tennessee
Department of Commerce and Insurance
Board of Architectural and Engineering Examiners
500 James Robertson Parkway, Third Floor Nashville, TN 37243-1142
800-256-5758 615-741-3221 615-532-9410 (Fax)

Interior Designer Registration by Reapplying

You may fill out forms and applications online. The application must then be printed because it must be signed and notarized.

Note

If you previously held registration in Tennessee and are reapplying for registration, you will need to complete a new application, update your experience, and submit new references in support of your application. Unless otherwise advised, you do not need to have your educational transcripts submitted to the Board office. **We do not grant temporary licenses.**

Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

Before submitting this application, be sure you have met the minimum requirements for registration, because the application fee is **not refundable**.

Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance**.

- ♦ Application Fee – **\$55** (nonrefundable fee)
- ♦ Biennial Registration Fee – **\$140** (if approved)

You must submit the application fee with your application. To facilitate the processing of your application, the registration fee may also be paid at this time, but is not required. If you are not approved for registration, the registration fee will be refunded. If you are submitting both fees, please make the check in the amount of \$195.00. Submit the application and fees to the address on the application form.

Forms

(1) Application Form –

Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.

(2) Reference Forms –

- a. Submit five references.
 - i. **Professional Reference for Interior Designer** – Three references must be from registered interior designers and/or registered architects, and
 - ii. **Client Reference for Interior Designer**, and
 - iii. **Employer Reference for Interior Designer** – if you are self employed, you may submit two client references.
- b. References from relatives are not acceptable.
- c. You are responsible for sending reference forms to the persons listed on your application who will then submit them to the Board office.

(3) Affidavit Regarding Expired License –

You must submit an affidavit stating whether you have used the title Registered Interior Designer in Tennessee since your certificate of registration expired.

(4) Summary Log of Continuing Education Activities –

You must have a minimum of twenty-four professional development hours with a majority of the hours (13) addressing health, safety, and welfare issues and technical competency for the two-year period preceding your re-application for registration. The Summary Log of Continuing Education Activities must be completed and documentation of the hours claimed submitted with your application.

Review Procedure

When your application packet is complete it will be circulated among the members of the Interior Design Committee for review. The review may take up to eight weeks.

Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application.

Board Contact

If you have questions about any of this information or about your application, call Joyce Shrum, Registered Interior Designer Applications Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail: joyce.shrum@state.tn.us.

Updated March 2008



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Nashville, TN 37243-1142

APPLICATION FOR REGISTRATION AS A REGISTERED INTERIOR DESIGNER

(Type or print legibly)

Full Name _____
Last First Middle

Social Security No. _____ Date of Application _____

Residence Address _____ City _____

State/Zip _____ County _____

Residence Phone No. _____

Business Affiliation _____

Business Address _____ City _____

State/Zip _____

Business Phone No. _____ Fax Number _____

E-mail Address _____

Address for Correspondence: _____ Business _____ Residence

Date of Birth _____ City/State _____

Citizen of (State/Foreign Country) _____ Can you speak and write English? _____ Yes _____ No

I am applying for registration by:

_____ Initial Application

_____ Reapplying

(please do not write below this line)

Board Review – Registration			
Board Member	Date	Approved	Disapproved

Full Name _____

All information MUST comply with instructions or the application will be returned.

If you have ever changed your name through marriage or through action of a court, or have ever been known by any other name, please list name(s) and date(s) of change _____

Name the state and year in which you passed the NCIDQ examination _____

In what states are you registered? _____
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them _____

List membership in technical or professional organizations _____

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings?

___ Yes ___ No

If so, name state and year _____

Have you ever been convicted of a felony/felonies? ___ Yes ___ No

If yes, submit a letter of explanation and a certified copy(ies) of the judgment(s) with this application.

EDUCATIONAL BACKGROUND

Name and Address of Institution	Attendance (From - To)	Date of Graduation	Major Course	Degree Received	Accredited by
_____					___ FIDER
_____					___ SACS
_____					___ THEC

Full Name _____

EXPERIENCE

List each engagement **in chronological order beginning with first** engagement. Provide detailed information in regard to design work (creative, independent thought) on projects, progressive in nature, to enable evaluation of experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

EXPERIENCE

List each engagement **in chronological order beginning with first** engagement. Provide detailed information in regard to design work (creative, independent thought) on projects, progressive in nature, to enable evaluation of experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
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	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

EXPERIENCE

List each engagement **in chronological order beginning with first** engagement. Provide detailed information in regard to design work (creative, independent thought) on projects, progressive in nature, to enable evaluation of experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

REFERENCES

List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered interior designers and/or registered architects. In addition, one client reference and one employer reference are required. However, if self employed, two client references may be accepted. References from relatives are not acceptable.

References	State of Registration	Registered Interior Designer, Architect, Employer/Client	Complete Address

APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as a Registered Interior Designer and agree not to use the title Registered Interior Designer until I become licensed. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

Signature

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

My commission expires _____

Attach a photograph
taken within the last 12
months

HEAD AND
SHOULDERS ONLY



State of Tennessee
Department of Commerce and Insurance
Tennessee Board of Architectural and Engineering Examiners
500 James Robertson Parkway, Third Floor
Nashville, TN 37243-1142-532-9410 (Fax)
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (fax)
www.state.tn.us/commerce/boards/ae/index.html

PROFESSIONAL REFERENCE FOR INTERIOR DESIGNER

(to be completed by a Registered Interior Designer or a Registered Architect)

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer.

Please send the information requested directly to the Board office in the envelope provided.

(Signature of Applicant)

Board Statement to Reference:

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee.

The information you give is for Board use only and will be treated in the strictest confidence.

1. In what capacity have you known the applicant?
____ client _____ through professional society membership
____ employer _____ other (explain) _____
2. How long have you known the applicant to be engaged in the practice of interior design or to have used the title interior designer? From _____ to _____ inclusive.
3. Are you in any way related to the applicant? ____ Yes ____ No If so, how? _____
4. What is your opinion of the applicant's personal integrity and general character? _____

5. To your knowledge, has the applicant ever been convicted of a felony? _____
6. Would you employ the applicant in a position of trust? _____
7. If the applicant is in individual practice, please indicate the nature of such practice. _____

Applicant's Name _____

The following are areas of experience of a professional interior designer. CIRCLE the letter that applies to the level of experience the applicant exhibited according to your knowledge of the applicant for the period of time claimed above.

S = substantial experience A = adequate experience M = minimal experience
N = no experience P = poor U = no knowledge of specific work experience

S A M N P U PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory.

S A M N P U DESIGN ANALYSIS AND DEVELOPMENT, such as: development of design concept, space planning.

S A M N P U SPECIFICATION OF FURNISHINGS AND MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics and equipment.

S A M N P U CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as: architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.

S A M N P U PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, details, producing specifications and/or purchase orders.

S A M N P U PROJECT MANAGEMENT, such as: inspection of work in progress, installation supervision, post installation evaluation, and client service.

RECOMMENDATION (CHECK ONE)

____ I recommend the applicant as qualified and competent. Additional comments: _____

____ I do not recommend the applicant for licensure because _____

My Firm Name _____ Bus. Phone _____

Address _____

I AM A: Registered Interior Designer in the state of _____ Reg. # _____

Registered Architect in the state of _____ Reg. # _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer and after having carefully read the information given on this form.

Date _____ Signature _____



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www.state.tn.us/commerce/boards/ae/index.html

CLIENT REFERENCE FOR INTERIOR DESIGNER

(to be completed by a client)

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer.

Please send the information requested directly to the Board office in the envelope provided.

(Signature of Applicant)

Board Statement to Reference:

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee.

The information you give is for Board use only and will be treated in the strictest confidence.

The applicant, _____
(Name of Applicant)

- successfully consulted with me as a client about my project requirements and budget ____Yes ____No
- presented a solution to my project requirements, such as: floor plans; furniture specifications and plans; fabric selections; lighting specifications and plans; finish specifications ____Yes ____No
- completed the project and conducted him/herself in a professional and ethical manner ____Yes ____No
- I enlisted the service of the applicant for the following dates, or time frame _____

Applicant's Name _____

Please provide a brief but detailed description of his/her duties.

RECOMMENDATION (CHECK ONE)

____ I recommend the applicant as qualified and competent. Additional comments: _____

____ I do not recommend the applicant for licensure because _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer and after having carefully read the information given on this form.

Date _____ Signature _____



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EMPLOYER REFERENCE FOR INTERIOR DESIGNER

(to be completed by employer)

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer.

Please send the information requested directly to the Board office in the envelope provided.

(Signature of Applicant)

Board Statement to Reference:

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee.

The information you give is for Board use only and will be treated in the strictest confidence.

The following are areas of experience of a professional interior designer. CIRCLE the letter that applies to the level of experience the applicant gained in each area of interior design during his or her employment.

S = substantial experience
M = minimal experience
P = poor

A = adequate experience
N = no experience

- | | | | | | |
|---|---|---|---|---|---|
| S | A | M | N | P | 1. PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory. |
| S | A | M | N | P | 2. DESIGN ANALYSIS & DEVELOPMENT, such as: development of design concept, space planning. |
| S | A | M | N | P | 3. SPECIFICATION OF FURNISHINGS & MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics, equipment. |

Applicant's Name _____

S A M N P 4. CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as: architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.

S A M N P 5. PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, and details; producing specifications and/or purchase orders.

S A M N P 6. PROJECT MANAGEMENT, such as: inspection of work in progress, installation supervision, post installation evaluation, and client service.

RECOMMENDATION (CHECK ONE)

____ I recommend the applicant as qualified and competent. Additional comments: _____

____ I do not recommend the applicant for licensure because _____

The applicant, _____ has been or was
(Name of Applicant)

employed by me or my firm from _____ to _____

as _____.

My Firm Name _____ Bus. Phone _____

Address _____

(Answer if applicable)

• I am a Registered Interior Designer in the state of _____ Reg. # _____

• I am a Registered Architect in the state of _____ Reg. # _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer and after having carefully read the information given on this form.

Date _____ Signature _____



THE REGISTRAR

I am applying for registration as a/an

___architect ___engineer ___engineer intern ___interior designer ___landscape architect

The Tennessee Board of Architectural and Engineering Examiners requires a transcript of my academic record.

I attended _____ from _____ to _____
College or University Date Date

and graduated on _____ with _____ degree in _____
Date Type of Degree

under the name of _____

My social security number is _____

I will appreciate your forwarding a transcript of my record as soon as possible to:

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR
NASHVILLE, TN 37243-1142

If there is a charge for this service, please forward a statement to me at the above address.

Sincerely,

NCIDQ

NATIONAL COUNCIL FOR INTERIOR DESIGN QUALIFICATION

NCIDQ CERTIFICATE VERIFICATION FORM FOR THE STATE OF TENNESSEE

TO BE COMPLETED BY REGISTRANT AND MAILED TO:

Executive Vice President
NATIONAL COUNCIL FOR INTERIOR DESIGN QUALIFICATION
1200 18th Street, NW, Suite 1001
Washington, DC 20036-2506

NOTE: THE FEE FOR EACH REQUEST IS \$20.00. Your check or money order made payable to NCIDQ must accompany this form. (The fee for this service will be waived for those individuals who have kept their certificate current through the NCIDQ certificate renewal program.)

NCIDQ is requested by the undersigned to furnish to the Tennessee State Board of Architectural and Engineering Examiners, 500 James Robertson Parkway, 3rd Floor. Nashville, TN 37243-1142, verification that this individual has successfully passed the standard NCIDQ examination. Authorization to provide this information may be given only by the undersigned NCIDQ certificate holder. No proxies are permitted.

PRINT OR TYPE

YOUR NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

TELEPHONE: _____

The NCIDQ certificate verification process requires that you also provide the following information, if known, for the purpose of confirmation:

NCIDQ Certificate Number _____ DATE OF ISSUE _____

I, the undersigned, attest that I am the NCIDQ certificate holder and request that verification of the same be provided to the Tennessee State Board of Architectural and Engineering Examiners.

Signature: _____ Date: _____

Phone: (202)721-0220 Fax: (202)721-0221



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AFFIDAVIT REGARDING EXPIRED LICENSE

I, _____, being duly sworn, and being employed
by _____
testify that ____ I have ____ I have not used the title Registered Interior Designer in the state
of Tennessee since my Tennessee certificate of registration, number _____,
expired on _____. I agree not to use the title Registered Interior
Designer in Tennessee until I obtain a new certificate of registration to use the title Registered
Interior Designer in the State of Tennessee.

State _____

County of _____

Sworn to and subscribed before me this _____ day of _____

My commission expires _____

Notary Public

If you have used the title Registered Interior Designer on an expired license, please explain in a separate letter to the Board.



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_____ to _____

DATE(S) OF ACTIVITY	Check if applicable* (see note below this table)	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	NUMBER OF PDH'S EARNED	NUMBER OF PDH'S IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY
TOTAL					

* Check () if activity is being carried over from previous renewal period (max. 12 PDH's)

CERTIFICATION

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: _____ Date: _____ Profession AND Registration No.: _____

Printed Name: _____ Certificate of Registration Expiration Date: _____

Mailing Address _____